



RECEIVED

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JUN 23 2008 *aw*
Jun 23, 2008
MICHAEL W. DOBINS
CLERK, U.S. DISTRICT COURT

Kendrick Butler

08CV3590

JUDGE GETTLEMAN

MAG. JUDGE COLE

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

Superintendent (Andrew)
Sheriff (Thomas Dart)

Case No: _____
(To be supplied by the Clerk of this Court)

Sergeant (Kelly)
Sergeant (Collins)
Sergeant (Nalapia)
Sergeant (Haupt)
Officer (Pates)

jury trial Demanded

Assistant Executive Director (Romero)

Executive Director (Salvador Godinez)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Officer (Revolorio)

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Kendrick Butler
- B. List all aliases: _____
- C. Prisoner identification number: 2007 003 4408
- D. Place of present confinement: Cook County Jail
- E. Address: Po Box

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: ROMERO
 Title: Assistant Director
 Place of Employment: Cook County Jail
- B. Defendant: Salvador Godinez
 Title: Executive Director
 Place of Employment: Cook County Jail
- C. Defendant: Thomas Dart
 Title: Sheriff
 Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Defendant) Sgt. Kelly

Title) Sergeant

Place of Employment) Cook County Jail

Defendant) Collins

Title) Sergeant

Place of Employment) Cook County Jail

Defendant) NALAPIA

Title) Sergeant

Place of Employment) Cook County Jail

Defendant) Sergeant Aaupt

Title) Sergeant

Place of Employment) Cook County Jail

Defendant) Andrew

Title) Superintendent

Place of Employment) Cook County Jail

Defendant) Pates

Title) Collection Officer

Place of Employment) Cook County Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Kendrick Butler ^{#20070034408}
GROSS, 08C 1077
- B. Approximate date of filing lawsuit: 3/19/08
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Kendrick Butler
- D. List all defendants: Sheriff (Thomas Dart), Officer (Shubch), Sergeant (Barton), Superintendent (Turner), Superintendent (SALAZAR), Chief (Brown), Supt. Assistant Executive Director (Romero), Executive Director (Godine)
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal: US District Court Northern District of IL
- F. Name of judge to whom case was assigned: Robert W. Gentlemen
- G. Basic claim made: Suffering when it could of been prevented
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending
- I. Approximate date of disposition: 3/19/08

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On Jan 25, 2008 Officer Pates showed a lack of professionalism and threatened my life. Also on this date I informed officer Pates that I'm mentally disturb and to call a Sgt. for me. I have a history of depression and have known mental and physical health problems. On that date I was suffering from prior engeries that happen while in this institution all lot of new problems could of been prevented if I seen the professionalist that were needed. On 1-28-08 I then received movement to the law library and I utilize my time by informing Sgt. Kelly about the incident and situations that took place. He tried nothing to help me and there were no other higher superiors that I can talk to at the time. If I would of gotten the proper

attention and medical assistant. I would of never blackout later and hit my head on the wall and badly bruise my vision even more. While being house in confinement I informed Sgt. Kelly, Valapia, Haupt, and Correctional officer Harris that I were being housed in a cell and unit that had no water and had to go 72 hrs at a time without cleaning myself and no physiological help from the cruel and unusual punishment. I was told personally that I will not receive any medical or mental help. I wouldn't receive no help at all no matter what it was. On 5/8/06 I talked to officer Revolorio and had other inmates talk to him about my medical injuries, he told me he can't help me and after time went on I blackouted for a period of time and still didn't receive no medical help. I told him numerous times to call the sergeant because I have injuries from when I was jumped in Oct. 2007 and I were diagnosed with a brain damage called pulsive concussion but he deliberately refuse

to give me medical assistance and
now I'm having long periods of headaches,
dizziness and I feel real NAUSINESS all
the time when I could of seen a doctor
and not have these medical problems.

On 5/14/08 I talk to officer Smith and
told him I'm suffering mentally and need
physical help too, He told me he will inform
his Seargant and that he did. At the
time Seargant Collins was the Seargant

On duty, he came to the tier and didn't
want to hear nothing I had to say and
told me that it's nothing wrong with
me. He ~~deliberately~~ deliberately refuse to
give me physical and mental help, I have
a prior history of mental and physical
Pain and I always receive the same
Results about medical assistance or any
other assistance "theres nothing wrong with
you and I'll take care of you"

I've talked to Superintendent Andrew,
Sheriff Thomas Dart, Assistant Executive
Director Romaro, Executive Director
Salvador Godinez about these officers
and didn't receive no help at all I
think it because they don't want any
paper work about my medical problems

I'm overall adding these defendants
to my original claim for not assisting
me with medical and mental help and
still has me here suffering, it's the
role they played or playing due to my
original claim and I don't want to
suffer the way I am.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Notetory damage in the amount of \$1,000,000 for pain and suffering, physical and mental pain here in punitive damages of \$1,000,000 and any other just award from each defendant

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of 21, 2008

Kendrick Butler / Kendrick Butler
(Signature of plaintiff or plaintiffs)

Kendrick Butler
(Print name)

2007034408
(I.D. Number)

2600 S. California PO Box 089002
Chi IL 60608
(Address)

• PD

Referred To: Supt

☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Kendrick

ID #: 5007-0004408 Div.: 1 Living Unit: A1 Date: 5/14/08

BRIEF SUMMARY OF THE COMPLAINT: On 5/14/08 I talked to Officer Smith and told him that I'm suffering mentally he told me that he will inform his sergeant and that he did. Sergeant Collins came on the tier and didn't want to hear nothing I had to say and told me that it's nothing wrong with me. I have prior injuries that has me suffering from physical pain to mental pain and every time I talk to this sergeant I never receive no results and I always receive the same answer "there's nothing wrong with you and I don't want to hear it" when I talk to other authorities I receive results.

Officer Smith, Sergeant Collins
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I want a full investigation Internal Affairs investigation
ACTION THAT YOU ARE REQUESTING:

to code professionalism and lack of training

DETAINEE SIGNATURE: Kendrick Butler

C.R.W.'S SIGNATURE: M. Hennessey

DATE C.R.W. RECEIVED: 5/16/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: XReferred To: Suplt.☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Kendrick

ID #: 107-6034408 Div.: 1 Living Unit: A1 Date: 5/10/08

BRIEF SUMMARY OF THE COMPLAINT: On 5/8/08 I talked to officer
Revolerio and had other inmates talk to him about
my medical injuries he told me he can't help me
and after time went on I Blacked out for a period
time and still didn't receive medical help. I tried
numerous times to tell him I was injured in Oct.
and I have a brain damage called pulsive concussion
but he deliberately refuse to give me medical
assistance and now I'm have long period of headaches,
dizziness and I still feel weakness all the time.

Revolerio 3/11 shift

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

He get relieved of his duties and/or removed

ACTION THAT YOU ARE REQUESTING:

from his position. Internal affair investigation on officer

DETAINEE SIGNATURE: Kendrick Butler

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 5/11/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #:

Referred To:

☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Kendrick

ID #: 2007-0034408 Div.: 9 Living Unit: 16 Date: 1/15/08
26

BRIEF SUMMARY OF THE COMPLAINT: On Jan 25, 2008 me and officer
Pates exchanged words and during the process
he informed me that he was going to
kill me. The altercation started from me not
receiving any medical attention from him or
the Sgt. on the same day. This was a
lack of professionalism and I feel endangered
for when I get released from Cook County
Department of Corrections. I want a full internal
affair investigation. I admitte that we exchanged
words in fighting terms but when he said he'll ^{was} kill me that was
outside of bounds. He even tried to give my mail to another inmate purposely.
Correctional officer Pates witnesses. Her 76 Div 9

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Jan 17 + 025 conti.

ACTION THAT YOU ARE REQUESTING: He be relieved of his assignments as a correctional

officer and monitored carefully.

DETAINEE SIGNATURE: Kendrick Butler

C.R.W.'S SIGNATURE: V. Butler

DATE C.R.W. RECEIVED: 2/16/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: BUTLERReferred To: Supl Div 7☒ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Kentrick

ID #: 007 - 00344102 Div.: 7 Living Unit: 2L Date: 2/18/08

BRIEF SUMMARY OF THE COMPLAINT: While being housed in plain cell for up to a week straight I had to go without a shower and it was many Sgts. 10 and other higher superiors noticed at times about the house being unusable but there was no attempt to even try to get a shower and no. There also been information transferred to these higher superiors about no hot water running in our cell in lower areas in this block. Also in cell 2003 inmates were housed in that cell with no hot water making this a cruel and unusual punishment. I demanded an investigation by Internal Affairs. Sgts. Kelly, Sgt. NALAPPA, Sgt. Harris, C.O. Smith, Sgt. Thompson

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I want a full Internal Affairs investigation for sanitation
ACTION THAT YOU ARE REQUESTING:

Sanitation and lock cleanliness

DETAINEE SIGNATURE: Kentrick Butler

C.R.W.'S SIGNATURE: V. ButlerDATE C.R.W. RECEIVED: 02/20/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Kendrick

ID #: 2007-0034408 Div.: 9 Living Unit: 16 Date: 1/30/08

BRIEF SUMMARY OF THE COMPLAINT: On 1-25-08 I informed correctional officer Pates to notify me a Sgt. Because I needed mental treatment I have a history of depression but he neglected to do anything about this. On 1-28-08 I then informed him and Sgt. Kelly about some medical treatment I needed. Neither of them adhere to my request and did nothing about it. I also have a history of medical problems due to the severe beating I've taken back in Oct 2007. I've have not received any medical nor mental help since I been in segregation and I suffer from pulsive concerns with a series of blackouts.

Correctional officer Pates Sat. Kelly 7 to 3 shift.
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I want a full internal Affairs investigation for
ACTION THAT YOU ARE REQUESTING:

Lack of Professionalism.

DETAINEE SIGNATURE: Kendrick Butler

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 2/1/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

PART - C

C.C.D.O.C. DETAINEE GRIEVANCE FORM PROCESSED AS A REQUEST

Please Note :

- If the detainee is not satisfied with the response and/or attempt at resolving this issue, the detainee may resubmit the concern and it will be processed as a grievance.
- When processed as a request, an appeal of the response and/or action taken cannot be made.
 - When processed as a request, PART-B is not applicable.

Detainee's Last Name: Buller First Name: KendrickID#: 117-0234408 Div: 9 Tier/Living Unit: 2E 2ADate of Request: 2/18/08 Date C.R.W. Received Request: 2/21/08This request has been processed by: Buller C.R.W.

Summary of Request:

Detainee request that living condition are improved
in the 2E 2A

Response and/or Action Taken:

Facilities Management has corrected the
problem with the shower

Chief, Facilities
 (Print- name of individual responding)

[Signature]
 (Signature of individual responding)

Date: 2/22/08 Div./Dept. IX